

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004884

FILED
Feb 21, 2011
Secretary of State

Entity Name: BB HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

BB HOMEOWNERS BOARD OF DIRECTORS
6060 VALHALLA AVE
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

BB HOMEOWNERS BOARD OF DIRECTORS
6060 VALHALLA AVE
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 76-0616215 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SUZANNE, BLANKENSHIP
COASTAL ASSOCIATION LAW GROUP
139 E. GOVERNMENT ST
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: HITT, RYAN
Address: 6060 VALHALLA AVE
City-St-Zip: PENSACOLA, FL 32507

Title: D
Name: GRUNBAUM, DAVID
Address: 6060 VALHALLA AVE
City-St-Zip: PENSACOLA, FL 32507

Title: D
Name: JANICE, ELACQUA
Address: 6043 VALHALLA AVE
City-St-Zip: PENSACOLA, FL 32507

Title: D
Name: WHITE, JAMES
Address: 6060 VALHALLA AVE
City-St-Zip: PENSACOLA, FL 32507

Title: D
Name: GAYNOR, BILL
Address: 6060 VALHALLA AVE
City-St-Zip: PENSACOLA, FL 32507

Title: D
Name: NECKER, CAROL
Address: 6060 VALHALLA AVE
City-St-Zip: PENSACOLA, FL 32507

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM GAYNOR

D

02/21/2011

Electronic Signature of Signing Officer or Director

_____ Date